



Medical Staff Services
 Zuckerberg San Francisco General
 Hospital and Trauma Center
 1001 Potrero Avenue, Bldg. 20, 3rd Floor, Suite 2300
 San Francisco, CA 94110
 Phone: (415) 206-2342 Fax: (415) 206-2360

To: Reference Name: <ReferenceName>

Re: Practitioner Name: <PractitionerName>

The above-named practitioner has made application or reapplication to Zuckerberg San Francisco General Hospital & Trauma Center, and has supplied your name as a reference. Please contact the email sender should you have any further questions.

If more space is needed, please enter them in the Additional Comments section below.

NOTE: **"*Unfavorable" answers require written explanation.**

	Favorable	*Unfavorable	Don't Know	
Professional Knowledge/Technical Skills <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to work with others <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Communication Skills <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient relationships <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Current Clinical Competence for Requested Privileges (Enclosed) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Records Completion <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Yes	No	Some
To the best of your knowledge, can the practitioner safely and competently exercise all of the privileges requested and perform the duties and responsibilities of medical staff appointment? (Requires written explanation if answered "No" or "Some"). <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Yes	No	
To the best of your knowledge, has the practitioner demonstrated any non-professional or unethical behavior towards colleagues, staff, or patients? (Requires written explanation if answered YES). <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To the best of your knowledge, has the practitioner ever been subject to an investigation, voluntary or involuntary resignation (to avoid investigation), or any other type of disciplinary action? (Requires written explanation if answered YES). <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To the best of your knowledge, has the practitioner demonstrated any personality problems, which might affect his/her performance? (Requires written explanation if answered YES). <input type="text"/>	○	○	
(For Supervisor Answer only) Within the past 2 years, has your Department performed professional performance evaluation review of this practitioner's privileges listed on the enclosed privileges delineation form?	Yes ○	No ○	Not Supervisor ○
(For Supervisor Answer only) Are you aware of the results of these reviews?	○	○	○
Your relationship to the practitioner: <input type="radio"/> Supervisor <input type="radio"/> Peer			
Dates you worked with the practitioner? <input type="text"/>			
Overall evaluation for Medical Staff membership:			
RECOMMENDATION: <input type="radio"/> Recommend without reservation <input type="radio"/> Recommend with reservation <input type="radio"/> Do not recommend <input type="text"/>			
MY RECOMMENDATION IS BASED ON: (If other, please provide detail) <input type="radio"/> Close personal observation <input type="radio"/> A composite of evaluation by supervisors <input type="radio"/> General impression <input type="radio"/> Other <input type="text"/>			
Additional Comments: <input type="text"/>			